



City of Frankfort
PLANNING & BUILDING CODES
DEPARTMENT
P.O. Box 697
Frankfort, KY 40602
Phone: (502) 352-2094 Fax: (502) 875-3579
www.frankfort-ky.gov

OFFICE USE ONLY

Received: ____________

Payment Amt: \$_____

C.U.P. No: _____

Meeting: _____

CONDITIONAL USE PERMIT APPLICATION

Meeting Date: _____ Filing Deadline: _____

APPLICANT:

check if primary contact

1. Name: _____
2. Company Name: _____
3. Mailing Address: _____

4. Daytime Phone: _____ Fax: _____ Email _____

Status of Applicant: owner _____ lessee _____ under contract to purchase _____

OWNER INFORMATION (If different than above) :

check if primary contact

1. Name : _____
2. Company Name: _____
3. Mailing Address: _____

4. Daytime Phone: _____ Fax: _____ Email _____

General Location of Property: _____

Street Address: _____

Zoning of Property: _____

Existing Use of Property: _____

Proposed Use of Property: _____

Lot Size: _____ Acres; or _____ Square Feet

Brief description of the conditional use being requested: _____

Applicant's Signature

Date

**NOTE: SUPPORTING INFORMATION IS REQUIRED WITH THIS
APPLICATION. PLEASE SEE ATTACHED PAGE FOR DETAILS.**

Supporting Information Required for Conditional Use Permit Applications:

- ☐ 1. Vicinity map with location of subject property marked.
- ☐ 2. A detailed written description of the scope of the proposed use.
- ☐ 3. Site plan: A scaled drawing showing the boundaries and dimensions of the subject lot, as well as the location, arrangement and dimensions of buildings, driveways, accessory structures, fences and landscaped areas. If only a portion of a building is to be utilized for the conditional use, a floor plan must also be submitted.
- ☐ 4. A list of adjoining property owners and their mailing addresses. This list should include adjacent properties to all sides of the subject property (including those across the street). This information may be obtained from the Property Valuation Administrator's (PVA) Office, Franklin County Courthouse Annex, 315 W. Main St.
- ☐ 5. \$150 filing fee (make checks payable to the Frankfort-Franklin County Planning Commission for Board of Adjustment cases –**OR**- payable to City of Frankfort for Architectural Review Board cases).

Note: If the applicant is not the property owner, a letter from the property owner agreeing to the proposed use is also required.

NOTE: One (1) copy of this form and the Supporting Information must be filed with the Frankfort/Franklin County Board of Zoning Adjustment or Architectural Review Board at the City of Frankfort, Department of Planning and Building Codes by the deadline date to be considered for the first available meeting date.



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DAY CARE FACILITY QUESTIONNAIRE

Is this a multi-family residential building? _____

Maximum number of children : _____

Does the site abut residentially zoned or used property? _____

If this is an existing daycare and an increase in the number of children is requested, please provide the total number of children anticipated within the age categories below:

Ages 0-23 months: _____

Ages 24-35 months: _____

Ages 3 years or older: _____

Distance of closest portion of exterior play area to public street: _____

Amount of interior space dedicated to childcare, not including inside play area(s), kitchen, restrooms or hallways (please attach floorplan noting this area): _____

Amount of interior play area space: _____ (not including above interior space)

Amount of play area outside: _____

Is this property within 1000 feet of a registered sex offender? _____

Required Attachments for daycare:

- ☐ Floorplan must clearly identify :a) interior play areas; and b) interior (non-play area) space used for childcare
- ☐ Site plan showing all lot lines, public streets, ingress and egress, parking, structures onsite and play area, and landscaping required as provided in Article 7, Landscape Regulations.

I testify that the above statements are true and accurate.

Applicant's Signature

Date